

Please print:

Conflict of Interest

ELECTED OFFICIAL Statement of Financial Interest

Deadline to file: Within 15 days after the person assumes office.

File with: The SECRETARY OF STATE except local candidates file with the office where they file their oath of office.

Elected Officials who file: State Office elected officials (governor, lieutenant governor, state treasurer, attorney general, secretary of state, state auditor, public utilities commissioner, commissioner of school and public lands, state legislator, circuit court judge and supreme court justice SDCL 3-1A-2);

Gubernatorial Appointee for whom senate confirmation is required shall file with the secretary of state a statement of financial interest before confirmation SDCL 3-1A-3.

Local Office officials (county commissioner, school board member in a school district with a total enrollment of more than 2,000 students, or commissioner, council member, or mayor in any 1st class municipality SDCL 3-1A-4)

Please print:		
Full Name	tRye-Mueller	
Complete Address 33764 Wallace St. RC, SD 57702		
Office (list District number if applicable) Dist 30 State Serate		
What is your occupation/prof		
		ancial Interest Statement check the box and
sign and date below.	NO Changes	
to your family's (includes spo includes any enterprise in who Identify who receives the inco	ouse, minor children living at home) gross incided ich you or an immediate family member(s) come from each enterprise but do not include the	
*The intent of this form is to collect specific information, not generalities. Do not put N/A or leave the grid blank.		
Name of Candidate or Family Member	Name the Source of Funds (Ex: current employer, SD Legislature, 401K, benefits, etc.)	Relationship to funds (Ex: employee, officer, director, associate, partner, shareholder, owner, member, proprietor, etc.)
Lulie - Muelles	Supply Inch 4 SIS Legislation	The Employee - State Senate
Michael Muelle	n monument Health	WEILEGAMIS 12th day of
		January 2021
		Steve Barnett
I declare and affirm under the penalties of perjury that the information above has been examined by me and to the best of my knowledge and belief is a true, correct and complete representation of myself and my immediate family's financial interests for the preceding calendar year. (Signature) Date Date		